

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/680,228

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/					
4	/		/			
5	/		/			
6	/		/			
7	/					
8	/		/			
9	/					
10	/					
11	/					
12	/		/			
13	/		/			
14	/		/			
15	/		/			
16	/		/			
17	/		2		2	
18	/		2			
19	/		2			
20	/					
21	/		2			
22	/					
23	/		2			
24	/		2			
25	/		2			
26	/		2			
27	/		2			
28	/		2			
29	/					
30	/		1			
31	/	2	1			
32	/		1			
33	/					
34	/					
35	/		1			
36	/		1			
37	/					
38	/					
39	/					
40	/					
41	/					
42		1	2	1		
43	/		2			
44	/		2			
45	/		2			
46	/		2			
47	/		2			
48	/		2			
49	/		2			
50	/		1			
TOTAL IND.	3		9			
TOTAL DEP.	78	↔	97	↔		↔
TOTAL CLAIMS	81		106			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	/		52	/		53	/	
54	/		55	/		56	/	
57	/		58	/		59	/	
60	/		61			62	/	
63	/		64			65	/	
66	(1)		67	/	1	68	/	
69	/		70	/		71	/	
72	/		73	/		74	/	
75	/		76	/		77	/	
78	/		79	/		80	/	
81	/		82			83	/	
84			85			86	/	
87			88			89	/	
90			91			92		
93			94			95		
96			97			98		
99			100					
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								